s. No. 300
v. 10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JAN 3 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41546

BIRTH NO. _____ REG. DIST. NO. 165- PRIMARY REG. DIST. NO. 5610 Registrar's No. 10

1510
3

1. PLACE OF DEATH
a. COUNTY: Johnson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Jefferson T.S.
c. LENGTH OF STAY (In this place): Transit
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): On Highway D, Johnson Co. Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri b. COUNTY: Johnson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia Air Base, 0510
d. STREET ADDRESS (If rural, give location): Knobnoster, Missouri 0

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): Warren Lyle Nichols

4. DATE OF DEATH (Month) (Day) (Year): 12-25-1954

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single 0
8. DATE OF BIRTH: June 12, 1919
9. AGE (In years last birthday): 35 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Airman, U.S.Air force,
10b. KIND OF BUSINESS OR INDUSTRY: U.S.Air force
11. BIRTHPLACE (City and State or Foreign Country): Hollywood, California, 1
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Roland Tillman Nichols,
13b. MOTHER'S MAIDEN NAME: Crecy Chartz,
14. NAME OF HUSBAND OR WIFE: Single

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes, (If yes, give war or dates of service): U.S. Air Force at time of death.
16. SOCIAL SECURITY NO.: 526-14-5590
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mr. Raymond T.Nichols, Kirkland, Ariz.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Internal injuries, lacerations & fractures received in automobile accident.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): _____
DUE TO (c): accident

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH: _____

19a. DATE OF OPERATION: _____
19b. MAJOR FINDINGS OF OPERATION: _____
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident,
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway D, Missouri
21c. (CITY, TOWN, OR TOWNSHIP) 051 **(COUNTY)** Jefferson Township, **(STATE)** Johnson Co. Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 12-25-1954 8:15Pm.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Automobile Accident

22. I hereby certify that I attended the deceased from _____, 19___, to 12-26-____, 1954, that I last saw the deceased alive on 12-26-54, 19___, and that death occurred at 8:15P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Kelly Rawlins M.D. Coroner
23b. ADDRESS: Holden Mo
23c. DATE SIGNED: 12/26/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial, & Removal.
24b. DATE: 12-27-54
24c. NAME OF CEMETERY OR CREMATORY: Kirkland Cemetery,
24d. LOCATION (City, town, or county) (State): Kirkland, Airzona. Arizona.

DATE REC'D BY LOCAL REG.: 12-28-54
REGISTRAR'S SIGNATURE: Minnie D. Hackler 148
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: R.A. Brauninger - Warrensburg Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
DEC 29 1954
JOHNSON COUNTY HEALTH DEPT.

JAN 4 1955

JAN 11 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by .....

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed R. A. Brausinger

Licensed Embalmer No. 3377

P. O. Address Warrensburg, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.